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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Vo, Tung T.	Dennis Fernandez
COMPANY:	DATE:
U.S. Patent & Trademark Office	09/12/2005
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571.273.8300	15
PHONE NUMBER:	OUR REFERENCE NUMBER:
571.272.7340	(650) 325-4999
RE:	OUR FAX NUMBER:
Amendment 09/823,508	(650) 325-1203

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Re: Appl. No. 09/823,508
Filed: 3/29/2001
Inventor(s): Fernandez, Dennis
Entitled: "Integrated Network for Monitoring Remote Objects"
Atty Docket No: FERN-P001E

Dear Examiner Vo:

Please find an Amendment for the above-referenced patent application, in response to the Final Office Action mailed 08/16/2005.

Dennis Fernandez, the inventor would like to have a teleconference regarding to the amendment.

We would greatly appreciate it if you could fax this cover sheet back to us as confirmation of receipt of the enclosed documents.

If you have any questions or concerns, please feel free to contact our office.

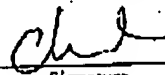
Regards,

Monica Ramirez
Administrative Assistant

Encl: Amendment re: O.A. dated 8/16/2005 and transmittal letter.

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Name: Chris Vo	
Signature Date	Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Fernandez, et al

Serial No.: 09/823,508

Filed: 3/29/2001

For: Integrated Network for Monitoring Remote Objects

Attorney Docket No. FERN-P001B

Examiner: Vo, Tung T

Art Unit: 2613

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL LETTER

Dear Sir:

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- ☒ a. An Amendment for this application: 10 pages.
☐ b. Substituted Formal Drawings: _____ sheets.
☐ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
☐ d. An Information Disclosure Statement under 37 CFR _____ 1.97(b) _____ 1.97(c).
☒ e. A stamped, self-addressed, return postcard.
☐ f. A Check (# _____) for \$ _____ to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- ☐ a. Applicant is a Large Entity.
☒ b. Applicant is a Small Entity.

3. **EXTENSION OF TIME:**

- ☐ a. Applicant petitions for an extension of time under 37 C.F.R. 1.136 for the total number of _____ months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d).

Extension of Time	Large Entity Fee	Small Entity Fee
i. One (1) month .	_____ \$ 120.00	_____ \$ 60.00
ii. Two (2) month .	_____ \$ 450.00	_____ \$ 225.00
iii. Three (3) month .	_____ \$1,020.00	_____ \$ 510.00
iv. Four (4) month .	_____ \$ 1,590.00	_____ \$ 795.00
v. Five (5) month .	_____ \$ 2,160.00	_____ \$ 1080.00

Extension Time Fee Total: _____ .00

- ☒ b. Applicant believes that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

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4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	28	- 28 =	0	x \$ 50.00 Large Entity x \$ 25.00 Small Entity	\$0
b. Independent Claims	3	- 3 =	0	x \$200.00 Large Entity x \$100.00 Small Entity	\$0
c. Multiple Dependent Claims Added By This Amendment				x 360.00 Large Entity x 180.00 Small Entity	0
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					\$.00
e. Additional Fees Required With This Correspondence i) 1.17 (p) Fee for Information Disclosure under 1.97(e)					\$.00
e. Total Fees					\$.00

5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

_____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to Deposit Account No: 500482. A duplicate copy of this authorization is enclosed.

_____ A Check # _____ for \$ _____ for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

☒ Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

Please direct all correspondence concerning the above-identified application to the following address:

CUSTOMER NO: 22877

FERNANDEZ & ASSOCIATES, LLP

Patent Attorneys

P.O. BOX D

Menlo Park, CA 94025-6204

Phone: (650) 325-4999

Fax: (650) 325-1203

Respectfully submitted,



DENNIS S. FERNANDEZ
Registration No. 34,160

9/14/05
Date

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2. Article Number
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4. Restricted Delivery? (Extra Fee)

☒ Yes

MAIL STOP Amendment

Applicants: Fernandez et al.

Art Unit: 2613

Application No.: 09/823,508

Examiner: VO TUNG T

Filed: 3/29/2001

Atty Docket: FERN-POOLE

Title: Integrated Network for Monitoring Remote Objects

When receipt stamp is placed hereon, the USPTO acknowledges the receipt of the following:

- ☒ A Transmittal Letter For Below-Marked Correspondences
- ☐ Non-Provisional Application: _____ pages, including Title page, Claims and Abstract sheets of Informal / Formal Drawings
- ☐ Executed Combined Declaration and Power of Attorney for Patent Application
- ☐ Form PTO-1082 (w/Duplicate)
- ☐ Form PTO-1595 (Recordation Cover Sheet for Assignment)
- ☐ An Assignment of Invention
- ☐ A Request and Certification Under 35 USC 122(b)(2)(B)(i) NO 18 months publication
- ☐ An Information Disclosure Statement Transmittal
- ☐ Form PTO/SB/08A and Form PTO/SB/08B
- ☒ An Amendment/ Response to An Official Action
- ☐ A Check # _____ For Amount \$ _____
- ☐ Application Data Sheet (_____ sheets)

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